

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/089822	FILING DATE	10/16/06
APPLICANT(S)			

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4		3				
5	1					
6						
7						
8						
9	1					
10						
11						
12	3					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	13	←	←	←	←	←
TOTAL CLAIMS	16	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS